THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA PARENT/TEACHER/BUS DRIVER/OTHER STAFF/WITNESS COMPLAINT REPORTING FORM

DIRECTIONS: For a report of student-related bullying, sexual harassment, other forms of harassment, and teen dating violence and abuse, and/or Title IX, this form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g.

An individual can report a complaint by talking to an adult at school or completing this form and returning it to the dean, assistant principal, or principal. An individual can place this form in the school's drop off spot for <u>anonymous reporting</u>.

If giving an oral report, a school administrator should complete this form.

Today's Date://_	School:		
		□ Pa	rent/Legal Guardian
Your Name:	(Please print)	U BU	as Driver
Contact Name:	(Pl)	(ontact Phone:
Contact Email:	(Please print)		
Were you an eye witness? [
If no, who reported it to yo	ou?		
Nature of Complaint (tell v	what happened): <i>Choose all the</i>	at apply and describe th	ne exact words or behaviors used under "Other."
☐ Teasing			nd rumors being spread
☐ Made fun of	☐ Name calling	Being lef	t out on purpose
☐ Shoving or pushing	Getting someone in t	rouble 🔲 E-mail, te	ext message, social media (Print all messages and attach)
Gender Discrimination	on Sexual Harassment	Relations	hip/Dating Violence
Sexual Assault	Other (specify)		
_	· = · · ·		if necessary
When did this happen? Da Where did this happen? Ch	te:hoose all that apply.		
School playground	School restroom	On a school bus	Other school location (please specify)
School hallway	School cafeteria		
School classroom	At a school related or sponsored program or activity		Off Campus/Other location (please specify)
Is there anyone who witnes	ssed this behavior?		
How has this behavior affe	cted the student?		
Have you reported prior p	roblems with this student(s)) to a teacher, princi	pal, or other school staff before?
□ No □ Yes (A	If yes, who did you report it to	o?)	
How many times have issue			
Check most appropriate num		· · · · · · · · · · · · · · · · · · ·	☐ Three or more (3 or more)
Do you have any document	tation, pictures, texts, etc., t	o support your com	plaint? ☐ Yes ☐ No – If <i>yes</i> , attach to this form



Describe the details prior to this incident including: the date it occurred, students involved, witnesses to incident, where it happened, adult or school employee you reported it to, and what they did to help, etc.:

Prior Incident(s):		
Please add additional	helpful information.	
I certify that	t, to the best of my knowledge and belief, that	the information provided by me on this form
	is "true and correct" and not a	"false statement or charge".
		/ /
	Your Signature	/
	Thank you. This report will	be investigated.
	FOR ADMINISTRATOR	R USE ONLY
Date Received:	Received By:	
Does behavior warrant disci	plinary action? Yes No	
Administrative Findings		
No further action required	d. Further investigation required – Complete i	nvestigation process (See Form 4)

Beginning with the 2018-2019 school year, a student enrolled in a Florida public school in <u>kindergarten through grade 12</u> who has been subjected to an incident of battery; harassment; hazing; bullying; kidnapping; physical attack; robbery; sexual offenses, harassment, assault, or battery; threat or intimidation; or fighting at school the opportunity to transfer to another public school with capacity or enroll in an approved private school under the Hope Scholarship. (Section §1002.40, Florida Statutes)

The results of this investigation may be appealed by contacting the school principal.